



**NATIONAL BARGAINING
COUNCIL**
FOR THE PRIVATE SECURITY SECTOR

PROTECTION OF PERSONAL INFORMATION ACT, 4 OF 2013

(please delete or cross out the options that do not apply)

By signing this referral form, I/we hereby grant voluntary consent for the processing, collection, use, and disclosure of my/our personal information in accordance with the Protection of Personal Information Act, No. 4 of 2013.

I/we further agree that my/our personal information may be utilized for lawful and reasonable purposes, as required by the National Bargaining Council for the Private Security Sector (the "Responsible Party"), in the execution of its public legal duties.

I/we acknowledge that my/our personal information may be disclosed to third parties as necessary for the National Bargaining Council for the Private Security Sector to fulfil its public legal obligations.

I/we also understand that, in accordance with the aforementioned Act, there are circumstances under which my express consent is not required for the processing of personal information, such as in matters related to litigation or when the information is publicly available.

SIGNED AT _____ **ON THIS** ____ **DAY OF** _____ **202**__.

INITIAL AND SURNAME: _____

SIGNATURE: _____